

Dr PV Gudi and Partner

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Dr PV Gudi and Partner on 15 February 2021 to gain assurances, following concerns that were raised about the safety of the practice. The practice was rated as requires improvement for the safe key question and good overall at the previous inspection in March 2019. You can read the report from our last comprehensive inspection on 5 March 2019 by selecting the 'all reports' link for Dr P V Gudi and Partner on our website at www.cqc.org.uk.

This inspection looked at the following key questions

- Safe
- Effective
- Caring
- Responsive
- Well Led

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.
- Safeguarding registers were not maintained appropriately.
- The practice had ineffective systems in place to ensure risks were mitigated.
- The practice did not learn and make improvements when things went wrong.
- On reviewing a sample of patients' records we found that monitoring and reviews had not always been undertaken in line with the relevant guidance.
- There was limited evidence to demonstrate the practice had effective systems in place to review safety information. This included safety alerts and recommended guidance updates.
- The practice were unable to demonstrate how they recorded and disseminated learning when things went wrong. There was evidence of actions taken following significant events; however, actions were not shared widely with all staff to mitigate further risk.
- On reviewing the completed training schedule for staff, we found some of the clinical and administration team had not completed the practice's required training schedule. This included infection prevention, fire safety, and health and safety training. Since the inspection we have received confirmation that training had been completed.

We rated the practice as **requires improvement** for providing effective, caring and responsive services because:

- There was limited monitoring of the outcomes of care and treatment.
- The processes in place to ensure care and treatment was in line with evidence based guidance needed strengthening.
- Some patients had not received effective co-ordination of their medical conditions due to clinical coding errors.
- There was no evidence that complaints had been shared with the team for learning and used to improve services.
- The practice was unable to demonstrate they had processes in place to demonstrate quality improvements had been implemented.

Overall summary

- No evidence was available to demonstrate the outcomes of a patient survey had been discussed and actioned to improve services.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- We identified significant failings in the care of patients, this included: the overall management of patients with long term conditions and on high risk medicines and a lack of clinical oversight to ensure patients were receiving adequate care and treatment.
- There was a leadership structure and some staff said they felt supported by management; however clinical leadership was inadequate and the governance lead had no clear oversight to ensure governance arrangements were embedded.
- Communication amongst the team was ineffective and needed strengthening.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups so we rated all population groups as **requires improvement except for people with long term conditions which we rated as inadequate**.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Continue taking action to improve the uptake of national screening programmes such as cervical screening.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires Improvement 
People with long-term conditions	Inadequate 
Families, children and young people	Requires Improvement 
Working age people (including those recently retired and students)	Requires Improvement 
People whose circumstances may make them vulnerable	Requires Improvement 
People experiencing poor mental health (including people with dementia)	Requires Improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Dr PV Gudi and Partner

Dr P V Gudi and Partner is located in Hill Top, West Bromwich an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, family planning, maternity and midwifery services and surgical procedures. The practice is part of Sandwell & West Birmingham Clinical Commissioning Group (CCG) and provides services to 5,600 patients.

The practice has two GP partners (one male and one female) and one male salaried GP. The GPs are supported by a practice nurse and a trainee health care assistant. There is a part time practice manager who is supported by a team of reception and administrative staff.

Information published by Public Health England rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Based on data available from Public Health England 67% of the practice population is from a white background.

The practice is open between 8am and 6.30pm Monday to Friday. The telephone lines are available from 8am to 6.30pm. Consultation times are 9am to 12.30pm and 4pm to 6.30pm daily. Extended opening hours are on a Monday and Tuesday evening between 6.30pm and 8pm.

Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery. Due to the current Covid-19 pandemic the practice is offering telephone consultations with a clinician. Face to face appointments are only available if deemed necessary by the GP.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The provider had not complied with relevant guidelines for the monitoring of patients on high risk medicines.• Clinical oversight of patients test results was inadequate, with lack of effective processes in place to ensure patients were monitored and treated appropriately.• There was no effective system in place to ensure safety alerts were acted on. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency medicines, medicines management as a whole and staff training.

This section is primarily information for the provider

Requirement notices

- There was no effective system in place to ensure learning from incidents and significant events was shared with the team.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for patients with diabetes.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.